

# SACHUEST POINT NIGHT FISHING PERMIT APPLICATION

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Permit Fee - Select permit type    \$20.00 Annual\_\_\_\_\_    \$5.00 Nightly \_\_\_\_\_

Make checks payable to: U. S. Fish and Wildlife Service

Mail application and fee to: Rhode Island NWR Complex  
Attn: Fishing Permit  
50 Bend Road  
Charlestown, RI 02813